

Date work completed	Objectives How to meet	Activities Events	Rationale for activities/events	Key points from activity/event Contribution to meeting objectives	Notes	Refs Full below
4/7/2015	APSF conference	APSF conference in Emergency Checklists in Phoenix, AZ	Would be interesting and could work for potential capstone project			
4/13//2015	Approved for APSF conference	September 8-9, 2015			Hotel at the conference is booked and confirmed 4/10/2015	
6/01/2016	Capstone project	Decided on capstone project	Must have capstone project!	Topic for capstone project: Emergency Manuals Will implement an emergency manual in the OR at the project institution	Need to contact Monika Feeney DNAP, MS, BS, CRNA for preliminary approval	
6/11/2015	Capstone project advisor	Ask Catherine Gutshall DNAP, CRNA to be local advisor	Must have two advisors for capstone project	Gutshall accept to be local advisor Emailed Feeney with this information		
6/13/2015	Checked into the possibility of writing about emergency checklists APSF summer 2013 article	Googling in general Found copy of APSF article	To find support for the topic "emergency aids"	Plenty of support The APSF article shows that there is significant interest in the anesthesia community for emergency checklists		1
6/26/2015	APSF conference	APSF conference program received				2
6/28/2015	Preliminary literature search-terms: ▪ Emergency checklists	Database search: ▪ PubMed ▪ Google Scholar ▪ Google ▪ MSU Complete	To gain insight into whether there is any literature regarding my chosen idea for capstone project	Found numerous articles in journals and books to support the idea of use of emergency checklists		3-8,1,9-13

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	<ul style="list-style-type: none"> ▪ Emergency manuals ▪ Crisis checklists ▪ Cognitive aids ▪ Simulation ▪ Anesthesia 					
6/29/2015	Adjunct faculty request	Deliver forms to Gutshall	Gutshall needs to fill out form and supply supporting material for approval for adjunct faculty at MSU			
6/30/2015	Project Synopsis	Synopsis regarding my ideas for the project Email synopsis to advisor and MSU	To solidify my thinking and to start the application process To get feedback if this project is acceptable		Able to place my ideas on paper Mailed off to Monika Feeney and Catherine Gutshall	
7/1/2015	Project Synopsis	Feeney responds Gutshall responds		Feeney: Looks very good! Great idea. I'd be happy to be on your capstone committee Gutshall: Can meet with me this week	I gladly accepted Feeney as primary advisor Will meet with Gutshall Thursday or Friday this week	
7/2/2015	Met with Gutshall	Synopsis	Feedback on synopsis	Gutshall thought the synopsis looked good. Had a few pointers to make sure the objectives or goals for the project will be covered by the interventions stated. She felt I was on the right track		

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	Adjunct faculty request	Received form including supporting material from Gutshall		Received filled out forms from Gutshall including all supporting material Mailed all this to MSU		
7/4/2015	Timeline for project	Develop timeline	Add to approval form	Finished timeline Mailed timeline to Gutshall for feedback		
7/6/2015	DNAP Capstone project advisor form	Submit form to Monika Feeny	Approval of project	Submitted DNAP Capstone project approval form including the Timeline for project to Monika Feeny		
7/12/2015	Formal search of literature Final search terminology: <ul style="list-style-type: none"> ▪ Emergency manuals ▪ Cognitive aids ▪ Checklists ▪ Anesthesia 	Did formal literature search and reviewed potential articles Created literature review table	Reviewed articles and created a review table to gain an overview of the evidence I have collected through my literature search	Completed literature review table for 4 articles Found some additional websites related to cognitive aids Found website that sells premade emergency manuals that are used by Stanford Hospital. Price if buying >50 is \$49.00 each	Very time consuming, but I think this will be a valuable tool when I start to write	
7/19/2015	Literature review Proposal (10-15 pages) Email to Feeny (#1)	Worked on the literature review table Started to write the final proposal (10-15 pages) Emailed Feeny question regarding the literature review in relation to proposal writing	Unsure if I need to finish the full literature review prior to start writing the 10-15-page proposal	Added a couple of interesting articles to the mix Finished initial 2 pages of proposal		
7/20/2015	Email to Feeny (#1)	Feeny reply		No <u>you do not need to complete your literature search</u> for this section	Awesome!	

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	Feeney clarification of what is missing to finish the semester		Feeney's clarification on what I need to finish up prior to end of this semester	<p>Now that you know you have your project, and <u>it is approved</u>, all I need for this section is your</p> <ul style="list-style-type: none"> ▪ Advisor Request form and Project Approval form signed by Gutshall ▪ I have attached it for your convenience ▪ Please fill out and return to me – I will send you a copy with all signatures ▪ You also need to complete your PICO format – I have attached a sample ▪ Your time line is wonderful. ▪ (Scan and email, or snail mail, I would rather not have FAX – it is not very clear) ▪ Keep up the good work! Let me know if you have any questions. As soon as I have the above you will have an A for ANE 897 – and you can proceed with your timeline. I look forward to this journey! <p>All the best!</p>	I have already sent these forms, although not signed, to Feeney once. I will review them, have them signed by Gutshall 7/21/2015 and send them to Feeney again	
7/25/2015	Proposal 10-15 pages	Wrote proposal		Wrote proposal and feel it is finished and ready for submission. Will review tomorrow prior to mailing to Feeney and Gutshall		
7/28/2015	Proposal	Mailed proposal to Feeney and Gutshall	Finalized ANE897			
7/29/2015	Emergency Manual	Ordered a copy of Stanford Emergency Manual	Wanted to evaluate the quality of the manual made by Alpha Graphics			

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8/7/2015	IRB approval	Spoke to Kevin LeBlanc PhD, CRNA	LeBlanc is my go-to person for anything university or PHR policy	LeBlanc confirmed, after he contacted the project institution's IRB, that no IRB approval is necessary for this capstone project		
8/10/2015	Proposal	Gutshall approve proposal as is				
8/11/2015	Emergency Manual	Received copy of Stanford Emergency Manual				
8/20/2015	Emergency Manual	Evaluation of Stanford Emergency Manual	Want feedback by others on quality of Stanford EM	<ul style="list-style-type: none"> ▪ Feedback was very positive on the quality and usefulness of the Stanford EM ▪ My own evaluation also gives this product very high marks for usability and quality ▪ Ability to somewhat customize this product to reflect local practices and phone numbers ▪ I have decided to use this product for my capstone implementation 	This product is made of high quality paper and front and back is laminated. Book is coil bound. Book can be cleaned without destroying the pages	
9/1/2015	Proposal	Noted a grade was entered for ANE897 by registrar		Since no counter argument, having a grade must equal a 'go-ahead' with the project and approval of proposal by primary advisor and MSU		
9/9/2015	APSF Emergency Implementation Conference Phoenix, AZ	1-day consensus conference covering implementation of Emergency Manuals	Capstone project topic	<ul style="list-style-type: none"> ▪ David L. Hepner, MD: The time is right. Crisis management is a key term and is now found in anesthesiology books. Reader is highly recommended; without only 20-25% used the available checklist. Must have training and be familiar with checklists ▪ Steven K. Howard, MD: Many checklists available. Stanford has long history; next version out after ACLS update, probably summer/fall 	<ul style="list-style-type: none"> ▪ Panel discussions #1: ▪ Not a cookbook; sweet-spot in usage; sometimes need to deviate from EM ▪ Some customization of emergency manual is good, but too much 	

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				<p>2017. Paper copy more familiar for clinicians; everybody can open a paper copy. Secure manuals in OR since they tend to 'walk away', can opt to tether</p> <ul style="list-style-type: none"> ▪ Laura E. Schleelein, MD: Electronic copy easier to update, can have patient information to specify drug dosages, have running clock, can easily save and archive an event log, can interface with other equipment in OR. Disadvantages include technical failure, power failure, user failure, expense, limited size, cumbersome to interact with electronic device, reader may not be familiar with electronic device ▪ Matti E. Lehtonen, GE Healthcare and Life Care Solutions: GE is working on module for their anesthesia machines. Seamless interface with electronic charting, patient specific and automatic data capturing. ▪ Daniel B. Raemer, PhD: possible pitfalls with use of EMs are wrong diagnoses creates fixation, difficult to redirect, mixed diagnoses can waste time flipping around in EM, may consider cross referencing, knowing when not to use EM, false sense of security with EMs ▪ Amanda R. Burden, MD: Emergencies affect cognition, which is why we need EMs. Exponential growth in medical knowledge. 	<p>detract from the standardization of the tool overall</p> <ul style="list-style-type: none"> ▪ Transparency of evidence behind the checklists is key ▪ Must consider legal ramifications when an event log stores all activity during a crisis. This should not stop development. Probably better to have hard evidence of what happened than have no evidence (Steve, JD) ▪ Panel discussions #2: ▪ Change is difficult. May be expensive to exchange all EMs when revisions are made. Use of EM may hinge on available staff. Don't forget to treat the patient. An EM is just another tool. Stressed the 	

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				<p>Assign reader to limit distraction from reading. Team training is essential. Continual improvement of EMs. Checklists must be short and concise</p> <ul style="list-style-type: none"> ▪ William R. Berry, MD, MPH, FACS: Single standard EM may not be the right thing, too many barriers, good with variety at this time. Format of EM is important, training. Ability for customization of EM is important to add local 'flair' ▪ Paul G. Preston, MD: Standardization is good. Positive history with checklists, ACLS. Potential for electronic version, easy to update. We are building aviation's black box equivalent. We need to continually improve the EMs we are using. Will never reach perfect. Checklists without training are probably harmful ▪ Sara N. Goldhaber-Fiebert, MD: Adapt EM locally is important. Just hanging the EM is not implementation. Important to fully involve all stakeholders. Seek buy-in from all stakeholders, incl. leadership at institution. Broadcast success stories for all to see ▪ Alexander A. Hannenberg, MD: team training is important. Can use sim-training, which can happen in the OR. Role playing is good. Checklist adoption and training bring value before the first use of 	<p>transparency of the evidence behind the EMs. Common sense always trumps the checklist. Still a need to have 'ready' knowledge</p> <ul style="list-style-type: none"> ▪ Response system facts: ▪ 84% found hardcopy EMS to be superior over electronic versions ▪ 92% believe no more studies are needed before utilization of EMs ▪ 72% don't think EMs will distract the team ▪ 83% thinks that an electronic visible checklist would enhance teamwork ▪ 86% thinks that incorporating patient specific data will improve the checklist ▪ 76% believe there should be a designated reader. Best to do this 	

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				<p>the checklist. The entire team must be 'on the same page' when it comes to EMs. All team members have their role</p> <ul style="list-style-type: none"> ▪ Matthew B. Weinger, MD: MOCA have shown an improved score when using EMs. 'You can build a house without a hammer, but it is much easier to use one and you can handle a crisis without EM, but it is safer to use one' ▪ John H. Eichhorn, MD: Is use of EMs cheating? APSF must help change people's mindset. EMs are supplements and the use is not cheating 	<p>designation during time-out</p> <ul style="list-style-type: none"> ▪ 99% agree there will be unanticipated risks and complications with introduction of EMs ▪ 86% think the limitations with EMs are still unknown ▪ 77% thinks those limitations should not stop the adoption of EMs ▪ 87% think we are not ready for a single EM ▪ 86% would like to have a single EM ▪ 62% (34% no) think there exists enough data to validate a consensus Emergency Manual for the more commonly encountered crisis events ▪ 79% think an EM should be developed by anesthesia personnel 	

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					<ul style="list-style-type: none"> ▪ 96% believe anybody on the team can call for the use of an EM ▪ 67% (24% no) think an EM should be standard of care 	
11/15/2015	Pre-implementation survey	Worked on the surveys		<ul style="list-style-type: none"> ▪ Decided to use surveys for some quantitative data regarding knowledge and attitudes towards emergency manuals ▪ Decided to make the pre- and post-implementation surveys the same 		
11/27/2015	Pre-implementation survey Pilot or full implementation	Had survey tested by LeBlanc, and Annette Storm, MNA, CRNA Researched the different aspects	Tested survey to see if changes should be made before use The best implementation may need a pilot approach	A couple of improvements to survey design was made after input from both testers Found some articles and general web-browsing to confirm a pilot approach first		14,15
11/29/2015	Emergency Manual	Requested status update on next version of the Stanford EM, which will include updated ACLS guidelines	Would like the most current version for my implementation	Send request to Stanford Cognitive Aids Group's Steven K. Howard		
11/30/2015	Emergency Manual	Response from Stanford Cognitive Aids Group by Steven K. Howard		Response from Steven K Howard: <ul style="list-style-type: none"> ▪ There will be an update to version 3 that will include the changes to ACLS guidelines along with some other changes (e.g., ryanodex preparation for MH). This is contingent on other work being 		

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				published that we have not yet seen. I would anticipate a revision no earlier than this summer. Please check the emergencymanual.stanford.edu website periodically for updates		
12/01/2015	Meeting with Anesthesia corporate director William Landess JD, CRNA	Wanted to pitch the EM for possible financial support during implementation	Without financial support it would be difficult to make a full implementation	<ul style="list-style-type: none"> ▪ Landess gave full and unrestricted support for the capstone project ▪ Landess felt our department is years behind the curve when it comes to use of emergency manuals ▪ Landess gave support for pilot implementation and full implementation next year ▪ Landess promised full financial support for the implementation of the pilot project as well as the full implementation 		
12/11/2015	Pre- and post-implementation surveys	Both pre- and post-implementation surveys are ready	Needed to be done prior to going on vacation			
1/20/2016	Formal meeting with anesthesia department management team	To pitch my capstone project and receive formal support from management team	Had informal support from chief CRNA and corporate director, but formalizing the support will strengthen the project when times come to pitch for other stakeholders	<ul style="list-style-type: none"> ▪ Received full and unrestricted support from the full management team to proceed with the pilot project ▪ Will reevaluate how to manage the full implementation later this year when the next version of the Stanford EM is available ▪ Management team suggested a possibility for printing in-house, which they felt could save money 	<ul style="list-style-type: none"> ▪ I'm not sure I was able to bring the value of the pre-made manual across to the whole team ▪ Some on the management team found the pre-made EM expensive 	
1/31/2016	Literature search repeat Search terminology:	Repeated the formal literature search using the same	Wanted to check if anything new and relevant would show up that could	<ul style="list-style-type: none"> ▪ Found a couple of extra articles not already well covered in my first search, although, not much new value 	Took extensive notes from the APSF workshop myself, but it will	16-19

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	<ul style="list-style-type: none"> ▪ Emergency manuals ▪ Cognitive aids ▪ Checklists ▪ Anesthesia 	parameters as in July 2015	be useful for the project	<ul style="list-style-type: none"> ▪ Awaiting the APSF workshop being mentioned in the APSF Newsletter. Will have to look out for the write-up by APSF 	be interesting to read the “official” APSF write-up of the workshop	
2/4/2016	Literature search	APSF Newsletter arrived		Had article covering the workshop I attended in September 2015		20
2/5/2016	Emergency Manual	Contacted Alpha Graphics (printer) regarding the customization of the Stanford EM	Need to know what can be done and how it needs to be done	Received information on what can be customized and how to do this		
2/5/2016	Emergency Manual	Gathered information for customization	Want to have most up-to-date information in the EM	Spoke to OR staff, X-ray staff, management, hospital supervisor staff, and rapid response team staff to gather most up-to-date information		
2/7/2016	Emergency Manual	Worked on customization	Want to make phone list specific for Palmetto Health Richland as well as customizing the Massive Transfusion protocol (part of Hemorrhage in EM)	Finished phone list and designed graphics to insert in EM		
2/8/2016	Emergency Manual	Emailed customizations to Alpha Graphics	Needs approval for my changes	Awaiting feedback on my proposed customizations		
2/9/2016	Emergency Manual	Response from Alpha Graphics		<ul style="list-style-type: none"> ▪ Received cost estimate and proof of EM for my evaluation ▪ Found a couple of errors in what they had placed in the EM ▪ Made updated versions and emailed these back to Alpha Graphics 		
2/10/2016	Emergency Manual	Response from Alpha Graphics		Received an updated proof of EM		

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2/10/2016	Emergency Manual	Proofing and ordering		<ul style="list-style-type: none"> ▪ I approved the most recent proof ▪ Ordered 12 books ▪ Decided to place 2 books at each pilot location; one for the CRNA and one for the circulating RN ▪ I think having a separate copy for the circulating RN could create increased buy-in since this would signal their importance in the use of the EM 		
2/19/2016	Emergency Manual	Response from Alpha Graphics		My order went into production		
2/22/2016	Emergency Manual	Shipping note from Alpha Graphics		My order was shipped		
3/1/2016	Emergency Manual	Received order from Alpha Graphics		Received 12 books for implementation		
3/6/2016	Emergency Manuals	Prepared EMs for distribution	Need to apply tether to all EMs	<ul style="list-style-type: none"> ▪ Made and applied steel cable tethers to all EMs ▪ Each tether is permanently attached to the EM and the tether is attached to carts with quick link for possible removal if necessary 		
3/7/2016	Pitching the EM for the anesthesia department staff, the anesthesiologists, and the OR staff	Met with each group at their monthly staff meetings	Created buy-in and understanding for the pilot project	<ul style="list-style-type: none"> ▪ No negative feedback received at any of the meetings ▪ CRNA staff was very positive and interested in the introduction of an EM ▪ The MDAs were supportive and interested in the EM ▪ The OR staff was receptive; the OR director, OR manager, and RNs as well as Scrub techs were present 		
3/7/2016	Pre-implementation survey	Conducted the pre-implementation survey among CRNAs, MDs, and	Part of the quantitative data gathering	Received 111 responses out of 144 distributed surveys	Was able to answer many questions from all	

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		OR staff available on this day			stakeholders during this data collection. Many became much more enthusiastic after a brief explanation on how the use of an EM is expected	
3/8/2016	Emergency Manuals	Distribution of EMs		Distributed EMs to all pilot locations		
3/10/2016	Advisor update	Emailed my writing and outline to Catherine Gutshall for advisement	Need a bit of feedback on where I am at this time		I feel the crunch at the moment!	
3/11/2016	Emergency Manual feedback	Contacted by OR director	OR director contacted me to relay a feedback he received from a safety guru that was at our facility this week	<ul style="list-style-type: none"> ▪ During a formal meeting with safety expert James Reinertsen, MD from the Reinertsen Group the PHR OR director was able to pitch the newly introduced EMs and the feedback was impressive, he told me ▪ Safety expert James Reinertson, MD was very impressed about the quality of our chosen EM 	Good timing is everything!	
3/12/2016	Writing	Writing on capstone project		<ul style="list-style-type: none"> ▪ Collected all the areas where I had already done writing for the paper ▪ Literature search for individual sections where I might need more information 		21-26
3/13/2016	Writing	Made outline		<ul style="list-style-type: none"> ▪ Used the 'Writing Your Dissertation or Capstone' to help with the outline ▪ Used 'Translation of Evidence into Nursing and Health Care Practice' for help with the conceptual framework 		27,28

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3/19/2016	Data work	Manually tallied all the data by primary researcher		Made raw data sheet	Entered tallied data into Excel spreadsheet	
3/20/2016	Data work	Data verified by independent party		A Storm verified all the data tallied by me		
3/22/2016	Data work	Made preliminary data interpretation		<ul style="list-style-type: none"> ▪ Came up with a couple of preliminary ideas on how to interpret the data ▪ Will meet with LeBlanc for more ideas on how to do this 	Added formulas to spreadsheet for easy computation of data	
3/25/2016	Data work	Meeting with LeBlanc	<ul style="list-style-type: none"> ▪ To go over my capstone project so far ▪ To receive input on how to process and interpret my data 	<ul style="list-style-type: none"> ▪ Worked out a data sheet with percentages on how the data can be interpreted ▪ Received feedback on my project writing up to this point ▪ LeBlanc had several ideas on how I could improve and strengthen the paper ▪ LeBlanc found the outline as well as the writing overall good 	<p>Felt much better after this meeting</p> <p>Crunch time is tough</p>	
3/27/2016	IRB approval	Emailed question regarding possible IRB approval from MSU to Tracey L. Poston, PhD and Feeney	Realized I may need IRB approval from both PHR and MSU	<ul style="list-style-type: none"> ▪ Poston is an Assistant Clinical Professor at MSU and also the IRB specialist for MSU ▪ Feeney was kept in the loop by cc 	<p>Response from Piston:</p> <ul style="list-style-type: none"> ▪ If the hospital does not require IRB approval for the project, then I'm ok with it. However, for future reference you probably should of [sic] taken care of this on the front end. The answer could of [sic] been different and your 	

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					research would halt till approval. I am surprised they do not want at least an exemption but in the interest of time lets [sic] not argue with them. Please make sure you have some letter or email stating they do not require approval for the file	
3/28/2016	Writing	Writing on capstone project		Wrote up the conceptual framework and pretest-posttest section. Found some good articles to support this framework and other areas in the paper		27,29,28,30
3/29/2016	Meeting with Gutshall	General advisement	Wanted to receive some feedback to make sure I'm on track with what I have done so far	Gutshall liked most of what see read. She felt I was on a good track. She had several suggestions to my writing, but none to my general outline. We discussed my overall structure of the paper and she felt this was solid and correct	Will incorporate some of Gutshall's suggestions and then email Feeney this week for advisement as well	
3/29/2016	Writing	Writing on capstone project		<ul style="list-style-type: none"> ▪ Worked on the suggestions from Gutshall ▪ Made result graphs 	Think my graphs look very good and informative	
3/31/2016	Email all writing to Feeney for review	Compiled all the writing as of now in one document	Wanted to give primary advisor the opportunity for input at this time	<p>Received feedback from Feeney same day in which she writes:</p> <ul style="list-style-type: none"> ▪ Yes, I like it you are on the right track! 	Sounds like I'm on the right track at the moment.	

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				<ul style="list-style-type: none"> Keep up the good work! 	Will resend in 7-10 days when a bit further along	
4/01/2016	Writing	Writing on capstone project		Worked on the suggestions from Gutshall		
4/2/2016	Writing	Writing on capstone project		<ul style="list-style-type: none"> Worked on expanding the literature review Less 'bullet type' writing, since the original was meant as a preliminary review 		31-33
4/3/2016	Writing	Writing on capstone project		Worked on results graphs. Had to redo all of them, since I forgot the aggregate column	Augh!	
4/4/2016	Writing	Writing on capstone project		<ul style="list-style-type: none"> Started on the result chapter Expanded on the literature review section 		34-38
4/5/2016	Writing	Writing on capstone project Had A Storm make first reading on my writing	I'm far enough along where the writing makes sense	<ul style="list-style-type: none"> Continued to write on result chapter. Finished the pre-implementation part Need the post-implementation to move forward Received good feedback and some correction on the grammar! 	Wonder if I need to combine the pre- and post- survey into one writing or should separate them out? Have to ask LeBlanc and Gutshall. Not as many grammatical errors as sometimes! 😊	
4/7/2016	Post-implementation survey	Conducted the post-implementation survey among CRNAs, MDs, and OR staff available on this day.	<ul style="list-style-type: none"> Part of the quantitative data gathering Need to finish post-implementation survey tomorrow 	Collected 80 responses	Was again able to answer many questions from all stakeholders during this data collection	

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4/8/2016	Post-implementation survey Data work Writing	<ul style="list-style-type: none"> ▪ Conducted the post-implementation survey among CRNAs, MDs, and OR staff available on this day ▪ Manually tallied all the data by primary researcher Writing on capstone project	<ul style="list-style-type: none"> ▪ Part of the quantitative data gathering ▪ Conducted the post-implementation survey over two days ▪ Worked on results section to incorporate the post-implementation survey results 	<ul style="list-style-type: none"> ▪ Was able to get more responses with collection over two days, since some people do not work every day of the week ▪ Collected 55 additional surveys. Gave out a total of 169 surveys ▪ Reused the same data sheet made for pre-implementation survey, since the questions are the same, although, I made a slight change to how the responders should fill out the survey after Q2. ▪ Changed the formula use slightly, based on the single change in the follow up after Q2 (changed from “If you answered NO, please STOP here” to “If you answered NO or NOT SURE, please STOP here.” Therefore, I had to change to formula to reflect this change. 	<ul style="list-style-type: none"> ▪ Was again able to answer many questions from all stakeholders during this data collection ▪ Change was made for logical reasons, which became clear after the data work for the pre-implementation survey 	
4/9/2016	Writing	Writing on capstone project	Worked on results section Re-did one figure to match	Found an error in the cross-checking of results. Fixed errors and rechecked both survey results along with independent party	Only a very minor error, but enough to be annoyed about it!	
4/10/2016	Writing	Writing on capstone project	Started on the discussion section	Did additional literature search	CRM, Gawande, original checklist implementation	39-43
4/13/2016	Writing	Writing on capstone project	Wrote on discussion section and added limitations	Did additional literature search		44,45
4/15/2016	Informal meeting with LeBlanc	Advisement on final result section, as well as discussion	Quick follow up from last meeting to	LeBlanc’s feedback confirms that I’m on the correct path with my thinking		

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	Gutshall	and implication sections Requested feedback on the implication section	consolidate my thinking Wanted to check that my ideas are on right tract	regarding the implications for this project		
4/16/2016	Writing	Writing on capstone project	Worked on discussion, implication, and the lit review table sections	<ul style="list-style-type: none"> ▪ Finished discussion and implication sections ▪ Cleaned up in the lit review table 		
4/17/2016	Writing	Writing on capstone project	Found errors in the references, did not match the reference list exactly Worked on the lit review table	<ul style="list-style-type: none"> ▪ Had to redo all the references in the paper, a bit tedious, but doable due to the extensive documentation I had done along the way ▪ Finished cleaning the lit review table ▪ Finished draft 7, which includes a paper ready for advisor review 	<ul style="list-style-type: none"> ▪ Augh, how can this happen! ▪ Mendeley may make errors when copy/paste in Word. When doing any copy/paste redo the reference for that copy/paste part 	
4/18/2016	Advisement	Gave draft to Gutshall and LeBlanc for review and emailed same to Feeny	Receive final feedback before I can finish writing			
4/23/2016	Advisement	Meeting with Gutshall and LeBlanc	Advisement on first full draft	Received several constructive suggestions on the writing and construction on the paper. Discussed aspect concerning graphic text size, specific wordings, and data publication	Great meeting, although still much to do!	

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4/24/2016	Writing	Revised the draft based on A Storm's as well as Gutshall's and LeBlanc's input	Correction and strengthening of paper	Extremely tedious work. Found several minor errors in the data transfer to the paper writing's discussion section Redid graphs once again, as well as redid the excel survey print-outs	Will this never end?	
4/25/2016	Advisement	Received draft back from Feeney		Minor wording changes, which I mostly applied; some of the suggestions were already implemented, other areas were rewritten after Saturday's advisement	Very happy with the minor changes suggested by Feeney	
4/27/2016	Writing	Reading of full paper	Corrections and minor adjustments to references and writing	Found a few reference table errors;	Amazing how it is possible to find errors on every reading!	
5/2/2016	Writing	Final adjustments		DONE	Ahh!	

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